

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>133</u>
District of <u>Globe,</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>396</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe,</u>	No. _____		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>John J. McCullough, Jr.</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	7. Date of birth <u>5</u> <u>12</u> <u>1924</u> Month day year
8. FATHER		14. MOTHER	
Full name <u>John J. McCullough</u>		Full maiden name <u>Clarie E. Yawger,</u>	
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>40</u> (Years)	
12. Birthplace (city or place) <u>New York City</u> (State or country) <u>N.Y.</u>		18. Birthplace (city or place) <u>Union Springs,</u> (State or country) <u>N.Y.</u>	
13. Occupation Nature of industry <u>Lawyer</u>		19. Occupation Nature of industry <u>Housewife,</u>	
20. Number of children of this mother { (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* A.			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8.30</u> a.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>G. E. Wightman</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year. _____		Filed <u>5-18</u> , 19 <u>24</u> <u>B. G. Jay</u> County Registrar.	
Registrar. _____		Filed <u>6-5</u> , 19 <u>24</u> <u>B. G. Jay</u> County Registrar.	

148-512-389